

**STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
100 No. Union Street, Suite 724
Montgomery, Alabama 36130-5040**

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According to the AL STATE BOARD OF PHYSICAL THERAPY ADMINISTRATIVE CODE, Rule 700-X-2-.11(1)(2) "Any licensee...may be issued a replacement license upon making application...accompanied by an affidavit setting out the facts concerning the loss or destruction...or name change." Return this form to us by mail and your replacement license will be returned directly to you. For a name change, please return your old license to this office.

TO: _____ **FROM:** _____

AFFIDAVIT OF LICENSE

STATE OF _____) COUNTY OF _____)

REPLACEMENT: wall license/registration card, (CIRCLE ONE) Loss - Name Change

Print your name and/or your previous name if applicable

I, _____, AL license number _____, do hereby swear or affirm that my request for replacement of wall license/registration card is due to the following circumstances. (Please print, explaining your need for replacement.

NAME AS IT IS TO APPEAR ON LICENSE: _____

ADDRESS: _____

(Street, City, State, Zip Code)

Tele. No. _____

Signature of Licensee

Sworn to and subscribed before me this the _____ day of _____, _____.

Commission Expires: _____

Notary Public